will always form a minority of people with long term conditions. In a different and more important sense all patients and carers are experts, regardless of how much medical knowledge they may have. That is because of the experience of living with their condition and their personal beliefs, priorities, and attitudes to risk.

In relation to taking medicines, to pick one example, people's own beliefs about medicines are known to be the most important determinant of whether and how medicines are taken.[10] Although this idea is not new to doctors, research has shown that patients' perspectives (including their desire and ability to take medicines) are seldom discussed when medicines are prescribed.[11] As highly educated professionals in well paid employment, doctors are not necessarily best placed to understand the realities of life for many of their patients, particularly those living with debilitating medical conditions, who are disproportionately non-working, old, and poor. In the surgery the expertise of disadvantaged people who do not share the doctor's implicit model of the disease is therefore at the highest premium, rather than that of the so called expert patient.

Doctors need to act on what they already know—that all patients are experts, however uninformed or misinformed they may be about health issues. Patients' expertise is valuable because by understanding the patient's views and situation, the doctor is better equipped to identify a solution that will lead to a successful outcome, however defined.

The minority of patients who have the resources to find out about their illness and want to take an active part in managing their own care are to be welcomed as allies and partners. Long live expert patients—but, in the interests of doctor-patient relations, let us find something else to call them. What we need is a simple, understandable phrase that is less prone to provoke hostility than "expert patient." Coulter has proposed "autonomous," seeing autonomy as the antithesis of dependency.[12] Muir Gray prefers the term "resourceful."[13] For our money, the best term of all is "involved." Unlike the alternatives considered above, involvement clearly requires at least two parties, rather than implying that the health professional role is somehow redundant or replaceable. Neither intimidating nor patronising, involvement is a broad church in which many if not most of us would be happy to find a home and where we hope good doctors will always feel welcome.

Joanne Shaw *director*

Medicines Partnership, London SE1 7JN
(jshaw@medicines-partnership.org)

Mary Baker *president, European Federation of Neurological Associations*

Mayford GU22 0SH

Competing interests: JS is director and MB a member of the task force on Medicines Partnership, which is a Department of Health funded initiative to promote patient partnership in medicine taking and to implement the concept of concordance within the NHS.

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BMJ Publishing Group to launch new website for patients

The best way for patients and their doctors to have a meaningful partnership is if they both have access to the same evidence based information. But so often, patients are given lower quality, watered down versions of the evidence. From 29 March, BestTreatments, the website for patients developed by the BMJ Publishing Group, will be available for the first time to a UK audience through NHS Direct Online, the NHS website for England and Wales (nhsdirect.nhs.uk).

BestTreatments is based on *Clinical Evidence*, the *BMJ*'s international source of the best evidence about treatments. It translates this evidence into simple, jargon free language for patients—it tells them what treatments work and what don't work and, importantly, it says when there is uncertainty over effectiveness. At any point on the site, patients can "click through" to see the parallel page from *Clinical Evidence*.

BestTreatments was originally developed for US patients by UnitedHealth Group, a US healthcare company.

So far the site has information on 60 common chronic conditions, including cancers, back pain, depression, diabetes, and high blood pressure. For the UK audience the BestTreatments website will also have information on 16 common elective operations and tests, including hysterectomy, hip replacement, grommets, and colonoscopy. The information tells people what happens during their operation, the evidence on the benefits and risks, other treatment options, and what they can expect afterwards. It will help patients who have been referred for an operation to decide, in partnership with their doctors, whether it is right for them.